WDN:SLR:dm 02/05/02 96904.doc Attorney Reference Number 6395-62261 **PATENT** 

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**BOX PATENT APPLICATION** COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231

## Transmitted herewith for filing is the continuing patent application of:

	Invent	ilkins and James C. Allan, Ph.D.									
	For:	COMPOSITIONS AND METHODS FOR DETECTING ADULT TAENIA SOLIUM									
	Enclos	losed are:									
	$\boxtimes$	24 pages of specification, 4 pages of claims, and an abstract.									
	$\boxtimes$	3 pages of an Oath or Declaration.  A copy of oaths or declarations filed	with the prior application (37 C.F.R.§ 1.63(d)).								
	$\boxtimes$	Substitute Power of Attorney and Change of Correspondence Address. Please address all correspondence to Sheree Lynn Rybak, Ph.D., at:									
		Klarquist Sparkman, LLP One World Trade Center, Suite 1600 121 SW Salmon Street Portland, OR 97204-2988 Telephone: 503-226-7391 Fax: 503-228-9446									
		An assignment of the invention to: The Government of the United States of America, as represented by the Secretary, Department of Health and Human Services, c/o Centers for Disease Control and Prevention, a Recordation Cover Sheet, and a Recordal fee of \$40.00									
	$\boxtimes$	Preliminary Amendment.									
•	$\boxtimes$	Information Disclosure Statement.									
		Form PTO-1449 and copies of documents lis	ted thereon.								
	Contin	uing Application:	Information from Prior Application:								
		<ul><li>☐ Continuation</li><li>☑ Divisional</li><li>☐ Continuation-in-part (CIP)</li></ul>	Prior Application Number: 09/454,753 Examiner: Padmavathi Baskar Art Unit: 1645								

Continuing A	pplication:	Information from Prior Application:			
	Continuation	Prior Application Number: 09/454,753			
$\boxtimes$	Divisional	Examiner: Padmavathi Baskar			
	Continuation-in-part (CIP)	Art Unit: 1645			

Please enter the preliminary amendment prior to calculation of fees. The fee has been calculated as shown below.

	Claims	Number		Number		Basic Fee
For	Filed	allotted		Extra	Rate	\$740.00
Total Claims	12	20	=	0	\$18.00	\$0.00
Independent Claims	1	3	=	0	\$84.00	\$0.00
Multiple Dependent Cla			, ,,,,,,	\$280.00	\$0.00	
TOTAL FILING FEE					\$740.00	

- A check in the amount of \$780.00 to cover filing fee and assignment recordal fee is enclosed.
- Assignee for this application is or will be The Government of the United States of America, as represented by the Secretary, Department of Health and Human Services, c/o Centers for Disease Control and Prevention, and Applicants request that this information be listed on the published application.
- The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference herein.
- The Director is hereby authorized to charge any additional fees which may be required in connection with the filing of this application and recording any assignment filed herewith, or credit over-payment, to Account No. 02-4550. A copy of this sheet is enclosed.
- Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

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cc: Docketing